

## City of Burlington / CDBG 2012 Application Form

Eligibility \_\_\_\_\_ National Objective \_\_\_\_\_ NRSA \_\_\_\_\_  
(Office Use)

Project # \_\_\_\_\_  
(Office Use)

**Project Name:** *Direct Services for People living with HIV/AIDS*

**Project Location/Address:** *187 Saint Paul Street Burlington, VT 05401*

**Organization:** *Vermont C.A.R.E.S (Committee for AIDS Resources, Education and Services)*

**Mailing Address:** *PO Box 5248 Burlington, Vermont 05402*

**Contact:** *Peter Jacobsen*

**Title:** *Executive Director*

**Phone #:** *802/863.2437*

**Web Address:** *www.vtcares.org*

**Fax #:** *802/864.7730*

**Email:** *peter@vtcares.org*

**I. CDBG Funding Request:**

\$3,000

**II. Project Summary:** Briefly describe the project or program to be funded with CDBG. (Please use a one or two sentence description – there is room in Section IV for more detail.)

Vermont CARES provides services to Burlington residents living with HIV or an AIDS diagnosis. These direct services include short-term basic needs for very-low income individuals, as well as longer-term solutions for moving people with HIV out of poverty.

**III. Description of Organization:** Describe the capacity of your organization to successfully carry out the program activities. What is your mission, and how do the proposed activities fit with your mission?

Vermont CARES' mission is to improve the quality of life, create compassionate communities and prevent the spread of HIV by working with people affected by HIV/AIDS as catalysts for social and individual change. Vermont CARES envisions a world of compassionate neighborhoods where people live free of the stigma, poverty and oppression associated with the HIV/AIDS epidemic; people of Vermont make informed decisions about HIV prevention, services and treatment; and there isn't a need for Vermont CARES.

To these ends, Vermont CARES has been providing services to people living with and at increased risk of HIV/AIDS for over 20 years. Since the organization was incorporated Vermont CARES' primary purpose has been to provide services to people living with HIV as well as engaging those people who are newly diagnosed. The proposed activities for this project are the very foundation of our agency's mission.

#### IV. Project Description:

- a. Describe the specific activities to be carried out by your project with CDBG dollars and the accomplishments you plan to achieve. Please distinguish the total number to be served from the number of Burlington clients to be served. Be specific about the tasks / work that CDBG will pay for. Use the table below, adding rows if necessary. You may add narrative below the table if needed for further description.

Specific Service / Activity:	CDBG will pay for:	Unduplicated Total # of Households / Persons to be Served in this Service / Activity:	Unduplicated Total # of Burlington Households / Persons to be Served:	Outcome(s) to be Achieved:
Case management for low-income people with HIV or AIDS	.1 FTE case manager	150 Vermonters with HIV/AIDS will receive direct support services	20 Burlington residents with HIV/AIDS	20 individual with HIV will receive access to financial assistance / 7 individuals will no longer need assistance after 1 year

- b. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) described above. All staff that appear in the salary / benefits line items in your budget (Section XV) must be described below. Add rows if necessary.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week spent on this Specific Service / Activity	% of Hours per Week spent on this Specific Service / Activity to be paid with CDBG
Case management for low-income people with HIV or AIDS	Program Specialist	Monthly meetings to work on goals of care plan, collect outputs, provide transportation and advocacy as needed	37.5	10%

#### V. Beneficiary Information

- a. For each service / activity you identified in Section IV, please project how the Burlington residents will break out into the following income categories. Use the Income Table at [http://www.cedoburlington.org/cdbg/income\\_limits.htm](http://www.cedoburlington.org/cdbg/income_limits.htm).

Service / Activity:	Unduplicated Total # of Burlington Households / Persons to be Served:	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Case management for low-income people with HIV or AIDS	20	14	6	0	0

- b. Please provide a single unduplicated total beneficiary count below:

Unduplicated Total # of Burlington Households / Persons to be Served:	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
20	14	6	0	0

**c. How will/do you document beneficiary income levels?**

Vermont CARES documents beneficiary income levels at time of client intake as a matter of form to determine which programs or entitlements individuals may be eligible for. Additionally, we are required to update documentation of income levels annually for each individual we serve. Our projected service utilization by income level for Section V.a. is based on historic city and county ratios.

**VI. Problem Statement**

**a. What particular problem or need will this project address?**

Vermont CARES poverty-focused HIV case management is designed to address the short- and long-term ramifications of the cycle of poverty and HIV. HIV infections and risks are exacerbated by poverty, and poverty in turn makes HIV more difficult to treat. Further, HIV infections lead to lost employment, lost housing, and disconnections from family and other social networks that support many individuals in times of health crisis. This turns a medical diagnosis into a social and financial crisis as well. By helping with immediate financial and medical crises, and also retraining and reconnecting individuals to better build social networks for the future, Vermont CARES address the problem of this intrinsic link between HIV and poverty.

**b. How was this need identified?**

Of the total number of Vermonters known to be living with HIV (estimated at 500 in December 2010 – the latest public figures) over two-thirds (roughly 300 in an average year) seek financial assistance from Vermont CARES or a regional AIDS Service Organization. Of that total, Vermont CARES generally directly serves more than half. Since our services are only eligible for HIV-positive people who make less than 200% of the federal poverty level, this is the simplest demonstration of the financial conditions faced by Vermonters with HIV/AIDS. Two of three Vermonters with HIV are income-eligible to request housing, financial, or medical assistance, and this number rises each year.

**c. Why is this a funding priority for Burlington?**

The highest prevalence of HIV is in the city of Burlington and Chittenden County; 47% in total live in Vermont's only MSA (Metropolitan Statistical Area). In Chittenden County alone, Vermont CARES serves approximately 40 individuals each year, and greater than half (~24 individuals) live in Burlington proper. We propose this serve as a funding priority for Burlington because of this high incidence, and because through our case management model for around the state we have proven that focusing resources and medical care does help both serve the basic human needs of people with HIV and also move them out of poverty in the long term.

**VII. Program Goals: How will this project reduce the number of people living in poverty? Will it help people move out of poverty? Prevent people from entering poverty? Address basic needs of people living in poverty?**

Vermont CARES' direct services programming meets two of the CDBG goals: our services both address immediate and basic human needs, and also help people move out of poverty. To do so, we have the following objectives for each person we serve:

- a. Work with individuals with HIV to identify which basic human needs they need assistance with, and determine a "care plan" for each need
- b. Work toward meeting those "care plan" goals, which may include housing, food, budgeting, employment training, health care access, fuel, or clothing.
- c. Once accomplished, maintain progress toward those goals, and work on longer-term goals with clients

d. For the long-term, help clients connect to family and friends as possible, and re-enter the workplace if feasible. By providing training and referrals, we aim to create a city wherein HIV is not a definitive barrier to employment and not a cause of poverty.

- a. **Are you targeting any specific disadvantaged population/group of people? If so, who are they? (i.e., people with disabilities, minorities, women with children living in poverty, people with limited English proficiency, at-risk youth, etc.)**

Vermont CARES only provides direct care services to people living with HIV/AIDS, as well as their households. This grant will benefit people living with HIV/AIDS within the city of Burlington. These populations represent all genders, races, ethnicities, ages, degrees of ability, income levels, and people with limited English proficiency.

**VIII. *Equal Opportunity/Accessibility:***

- a. **How do you make sure your programs are accessible to all, inclusive and culturally appropriate?**

Vermont CARES ensures that all of our services are culturally competent and accessible to all people through staff orientation in addition to a variety of regular on-going staff trainings. Vermont CARES is an equal opportunity employer and specifically encourages people living with HIV/AIDS to apply for staff and Board positions.

- b. **Describe the diversity status of (i) your staff for this program and (ii) your Board. How does that compare with the diversity status of the clients of the program / project you're requesting funding for?**

Vermont CARES staff are hired with a strong belief that personal experience with HIV and HIV risk is imperative to our core beliefs of cultural competency. For this reason, 60% of our staff are LGBTQ, 20% are living with an AIDS diagnosis, 30% have a disability, and 10% are people of color. The Board reflects some HIV status, with 22% living with HIV, and 55% being LGBTQ. The Board in their recent strategic plan identified diversifying membership as a key goal.

- c. **Describe the diversity / cultural competency trainings that your staff and Board have participated in during the last year.**

Vermont CARES staff are required to attend cultural competency trainings per our Vermont Department of Health standards; this year to complement any offered trainings we offered cultural competency trainings on the topics of mental health, substance abuse, differential wealth distribution and economic opportunity ("Bridges Out of Poverty"), and sexual violence.

**IX. *Impact and Evaluation:***

- a. **How do you define success? How do you measure it? How many of your beneficiaries achieve it?**

Our long-term goals for care programming include increasing the health, wellbeing, and social connectedness of people with HIV or AIDS. We measure this by assessing whether our "care plan" goals (which are generally to meet basic human needs) are accomplished, and whether people with HIV are treated for their condition more often, are more adherent with medications, are better managing side effects of toxic medications, and are better coping with social isolation and depression that may accompany HIV. Right now, all of our clients are operating at varying paces toward "care plan" goals, and in any given year as many as 14% of clients may cycle out of our programs (22 of 153 in previous fiscal year), becoming more socially and economically independent and secure.

- b. **If this is an existing project:**

1. **What were your projected accomplishments for your most recent completed funding period or fiscal year?**

This is an ongoing project, for which our projected accomplishments in the most recent funding year were to:

- ☐ Serve 100% of our clients according to internal quality assurance standards
- ☐ Serve over 80% of clients in compliance with state guidelines
- ☐ Serve over 150 clients with HIV with comprehensive medical case management
- ☐ Provide more than 700 rapid-result HIV tests to individuals who do not know their HIV status

**2. What were your actual accomplishments for that period? If you did not meet projections, please explain (i) why and (ii) how you will overcome that issue in the future.**

Our actual accomplishments in the most recent funding year included:

- ☐ Served 100% of our clients according to internal quality assurance standards
- ☐ Served clients with 100% compliance with state guidelines according to Vermont Department of Health file audit
- ☐ Served over 153 clients with HIV with comprehensive medical case management
- ☐ Provided 700 rapid-result HIV tests to individuals who did not know their HIV status

**X. Community Participation & Partners**

**a. How are the community and/or program participants involved in decision-making and in identifying the program need, design and/or evaluation?**

Vermont CARES incorporates HIV-positive individuals into all of our agency's processes and committees. Vermont CARES' staff, Board Members and volunteers aim to include people living with and affected by HIV. Vermont CARES includes people living with and at risk of HIV on all of our hiring committees. Vermont CARES' programming is developed and kept current and viable through a series of periodic focus groups and surveys with people living with HIV/AIDS from across the state of Vermont (most recent was on 12/13/2011 in St. Johnsbury). These focus groups and surveys help Vermont CARES to identify directly from people living with the virus where there are gaps in services and what the needs are.

**b. Who do you mainly work with (i.e., what partners) to get the outcomes you want for your clients?**

Given the limited resources available, Vermont CARES works with other local social service organizations to collaborate and encourage appropriate referrals. HIV is an issue that spans all other issues including homelessness, mental health issues, substance use, etc. Vermont CARES works closely with local agencies such as Fletcher Allen Health Care, RU12? Community Center, Outright Vermont, COTS, Burlington Housing Authority, Champlain Housing Trust, Howard Mental Health, Maple Leaf Farm, the Chittenden County Continuum of Care, and Champlain Drug and Alcohol Services to refer for services just as they refer to CARES. Vermont CARES provides case management and financial assistance programs to people living with HIV/AIDS that specifically are not available at other mainstream agencies.

**XI. Sustainability**

**a. How will this project have a long-term benefit to the City of Burlington?**

Having Vermont CARES services available to the residents of the City of Burlington is an absolutely essential element in the network of organizations within our community. Continuation and sustainability of Vermont CARES' services will ensure that people living with HIV/AIDS are provided with support and access to the very structures and benefits that assist in keeping our friends, family and neighbors out of poverty and ensure general health and well being.

**b. If the project ends, will that benefit continue?**

If the project ends, we may be forced to shift resources from other vital care programs to support necessary services as we see more Burlington residents turn to care programs.

**c. If CDBG funding ends, will the project be sustainable (i.e., able to continue)?**

Vermont CARES strives for a diverse funding base including state and federal funds, foundation grants as well as private donations through special events and direct mail campaigns. In this effort we aim to provide sustainability to the programming in the anticipation if one of our funding sources is reduced or eliminated Vermont CARES can hope to continue consistent service to people living with HIV/AIDS. This year, Vermont CARES' Board of Directors has built into their approved budget funding for a fulltime Development Director to diversify funding.

**XII. Consistency**

**a. What Consolidated Plan objective does this project support?**

This project supports the Consolidated Plan objective DH-3.4 (Protect the Vulnerable): helping Burlington residents to remain housed and living independently. In addition, this project satisfies the goal of helping move people out of poverty.

**b. What other City plans, if any, does this project support or complement?**

This project supports goals of the Healthy Vermonters 2010: specifically, the goal of reducing HIV infections by 2010 (Healthy Vermonters 2020 goals are still in development).

**XIII. Readiness to Proceed**

**a. Is the project ready to begin July 1, 2012 and be completed by June 30, 2013?**

Yes, this project will be ready to begin on July 1, 2012, and we will be able to report outcomes as of June 30, 2013.

**b. If not, what are the expected start and completion dates?**

N/A

**c. Are there any other conditions (i.e., obtaining permits, the availability of other funding, etc.) that may affect your ability to begin or complete this project?**

HIV care and case management in Burlington needs to expand to meet recently identified further needs, but reduced funding may affect our ability to expand this staffing.

**XIV. Financial Narrative**

**a. Why should CDBG resources, as opposed to other sources of funding, be used for this project?**

Vermont CARES relies on municipal funding across the communities of Vermont to help support services for people living with HIV; Burlington is not an exception. While Vermont CARES is relatively successful securing grants from other sources (federal, state and private), this funding has been decreasing over years, with an overall decrease in HIV care and prevention funding of over \$100,000 in the last six years. As a result, we must rely on funding from the city to support our work with people living with HIV/AIDS in the Burlington area.

**b. Describe your use of community resources. For example, will your project be matched or leveraged with other funding sources or resources (such as volunteers) that don't appear in the budget summary below?**

Vermont CARES trains and supports dozens of active volunteers who help to support people living with HIV through transportation to medical appointments, emotional support and companionship, monthly dinners held at the residential facility, pro bono attorneys to assist people living with HIV in appeals to Social Security Disability benefits and alternative therapy

practitioners. The Intervale Foundation donates fresh local organic produce to distribute to people with HIV. An additional roughly \$10,000 worth of personal care products are donated annually as in-kind contributions to reduce the financial burden of basic human needs for Burlington residents with HIV/AIDS.

- c. Has your organization had any significant changes in funding levels over the last year? If so, please describe.**

Vermont CARES has seen significant changes in funding over the past year. Private donations, which have been able to offset reduced federal, state, and municipal funding in previous years, have not been sustained in the past year. Major donations, grants, fundraising events, and individual gifts fell under budget in our previous fiscal year.

- d. What percent of Agency funds are used for administration vs. program costs?**

Vermont CARES' draft FY2011 audit (due to be completed in mid-February 2012 and posted to agency website) describes administrative costs as roughly 16%; fundraising costs are estimated at roughly 2%.

## **XV. Budget**

### **a. Summary**

	<b>Project</b>		<b>Agency</b>	
	Current	Projected	Current	Projected
CDBG	\$0	\$3,000	\$0	\$3,000
State	\$157,213	\$154,213	\$208,800	\$205,800
Federal	\$266,910	\$266,910	\$363,410	\$363,410
United Way	\$0	\$0	\$6,000	\$6,000
Private	\$42,170	\$42,170	\$180,000	\$180,000
Program Income	\$0	\$0	\$1,500	\$1,500
Other (municipal)	\$3,000	\$3,000	\$6,000	\$6,000
<b>Total</b>	<b>\$469,293</b>	<b>\$469,293</b>	<b>\$765,710</b>	<b>\$765,710</b>

\* Must match your CDBG request amount on Page 1.

\*\* Must match in all three boxes on Pages 7 and 8.

**b. Proposed Project Budget Sources**

CDBG	\$3,000
<b>Other Federal – please specify funder and program (i.e., HUD – Emergency Shelter Grant, etc.)</b>	
HUD - HOPWA	\$125,292
HUD – SHP	\$27,577
HRSA – Ryan White	\$114,041
	\$
<b>State – please specify funder and program (i.e., Department of Health – AIDS Prevention, etc.)</b>	
Department of Health – HIV Care	\$157,213
	\$
	\$
	\$
<b>United Way of Chittenden County</b>	\$
<b>Private – please specify (i.e., individual donations, foundations, faith-based organizations, etc.)</b>	
Foundations and individual donations	\$39,170
	\$
	\$
<b>Other – please specify (i.e., fee-for-service, etc.)</b>	
Municipal funding – other Vermont municipalities	\$3,000
	\$
<b>TOTAL</b>	<b>\$ 469,293</b>

**c. Proposed Budget Uses: Please be sure that all funding uses (including staff) that appear in Section IV also appear here.**

<u>Line Item</u>	<u>CDBG</u>	<u>Other</u>	<u>Total</u>
Personnel	\$3,000	\$313,243	\$316,243
Facilities	\$	\$28,700	\$28,700
Other Program Costs	\$	\$17,350	\$17,350
Direct Financial Assistance	\$	\$107,000	\$107,000
	\$	\$	\$
<b>TOTAL</b>	<b>\$3,000</b>	<b>\$466,293</b>	<b>\$469,293</b>

\* Must match your CDBG request amount on Page 1.

\*\* Must match in all three boxes on Pages 7 and 8.